COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-I
FOR FISCAL YEAR BEGINNING 05/01/2016

To be filed with: Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name	**NH Odd Fellows Home dba Presidential Oaks**			
Street Address	200 Pleasant Street			
City	Concord	County	07-Merrimack	
State	NH	Zip Code	03301	
Federal ID #	020222167	State Registration #	171718173552	
Website Address:	www.presidentialoaks.org			

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes
IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission? No
IF YES, please attach the updated information.

Chief Executive:	Anne M. Purington, NHA, FLMI	6032256644	ceo@presidentialoaks.org
Board Chair:	Robert W. Wright, Jr.	6039385504	none

Community Benefits Plan Contact: Anne M. Purington 2256644 ceo@presidentialoaks.org

Is this report being filed on behalf of more than one health care charitable trust? No
IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: New Hampshire Odd Fellows Home dba Presidential Oaks is committed to providing innovative opportunities to our community so that they may reach their potential in an atmosphere of compassion, dignity and respect.

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Presidential Oaks' primary service area is greater Concord, NH with a population of approximately 123,000 people. "Communities & Consequences" stated more "over 55" communities are being developed and fewer votes in favor of school support are being made. The consequence is the "outmigration" of young working adults, who could ultimately care for the aging population.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Presidential Oaks focuses on serving its residents, employees, friends, neighbors, and children. Nearly 200 residents come to our Home every year to live, recuperate, convelesc, and, yes, die. Nearly 150 employees who depend on us almost as much as we depend on them. Additionally, the families of residents, businesses with whom we partner, and our generous donors and local residents, businesses, and non-profits share our space and resources. Finally, the children in our Children's Center are the little folks that will, one day, be our friends, neighbors, employees, and residents

Presidential Oaks' primary service population is age 75 and over. 17,220 (14% of the residents) are age 65 years or older. The Concord area has fewer young residents and more elderly (75 years and over) than the State as a whole.
As more "over 55" communities are being developed, fewer votes in favor of school support are being made. The consequence is the "outmigration" of young working adults, who could ultimately care for the aging population. Therefore, our community is also defined as the health care employees who service the elderly population. To that end, we offer licensed childcare for children from 6 months to 12 years of age. The Children's Center is open to the public and offers services from 6:00am to 6:00pm each weekday at competitive rates. Presidential Oaks employees receive a discounted rate.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? 2012 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

NEED	(Please enter code # from attached list of community needs)
1	101
2	125
3	530
4	602
5	603
6	
7	
8	
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

NEED	(Please enter code # from attached list of community needs)
A	421
B	430
C	601
D	999
E	
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. Attach additional pages if necessary:

999.- The healthcare workforce is expected to decrease at a time when the population needing long-term care the most is expected to increase dramatically. This will be exacerbated by the decreases in funding.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for all community benefit activities in that category. For each category, also indicate the primary community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	1 2 4	$8,000.00	$10,000.00
Community-based Clinical Services	-- -- --		
Health Care Support Services	5 B 1	$33,000.00	$25,000.00
Other:	-- -- --		

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	1 -- --	$0.00	$0.00
Intern/Residency Education	-- -- --		
Scholarships/Funding for Health Professions Ed.	1 -- --	$6,000.00	$6,000.00
Other:	-- -- --		

C. Subsidized Health Services	Community Need	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Addressed			
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research	-- -- --		
Community Health Research	-- -- --		
Other:	-- -- --		

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations	-- -- --		
Grants	-- -- --		
In-Kind Assistance	-- -- --		
Resource Development Assistance	-- -- --		

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure	-- -- --		

Improvement			
Economic Development	-- -- --		
Support Systems Enhancement	-- -- --		
Environmental Improvements	-- -- --		
Leadership Development; Training for Community Members	-- -- --		
Coalition Building	-- -- --		
Community Health Advocacy	-- -- --		

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs	1 4 5	$54,000.00	$50,000.00
Community Needs/Asset Assessment	1 4 5	$0.00	$5,000.00
Other Operations	-- -- --		

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	1 2 5	$214,000.00	$275,000.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement	-- -- --		
Medicaid Costs exceeding reimbursement	1 2 --	$717,000.00	$725,000.00
Other Publicly-funded health care costs exceeding reimbursement	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	$9,658,394.00
Net Revenue from Patient Services	$8,989,724.00
Total Operating Expenses	$9,106,673.00
Net Medicare Revenue	$3,787,526.00
Medicare Costs	$3,575,487.00
Net Medicaid Revenue	$2,339,635.00
Medicaid Costs	$3,057,159.00
Unreimbursed Charity Care Expenses	$256,746.00
Unreimbursed Expenses of Other Community Benefits	$41,000.00
Total Unreimbursed Community Benefit Expenses	$348,000.00
Leveraged Revenue for Community Benefit Activities	$50,000.00
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	$398,000.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Existing Residents				
2) Familes and Friends				
3) Seniors - Concord Area				
4) Focus Groups				
5) NH Center for Public Policy				
6) Capital Region Healthcare				
7) NH State Planning on Aging				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Presidential Oaks solicited input and feedback on the development of its Community Benefit Plan through the following vehicles:

Monthly Resident Council meetings were facilitated to solicit comments on its services and requests for changes in care policies, fiscal policies, while most nursing home residents offered little in the way of requested services, food preferences and choices of recreational activities were often voiced. Conversely, retirement living and assisted living residents were much more forthcoming in their willingness to request desired services.

Retirement living and assisted living residents commented frequently on food. The temperature, texture, and variety appeared to be the focus. However, after asking more clarifying questions, residents simply want to be involved in the menu selections. Relative to recreation, these residents focused on two categories: intellectual and physical activities. The intellectual activities requested were both cerebral and creative. Crafts, painting,

Presidential Oaks hosted the Essential Senior Seminars Series, open to the public, to discuss the needs of the elderly. Financial concerns, including the Medicaid application process, saw the highest attendance. Although most participant were familiar with various terms (i.e., assisted living, nursing home, etc.), they remained confused by the definitions of various levels of care offered by the many facilities in the Concord area.

Focus Groups were held to identify strengths, weaknesses, challenges, and opportunities. For the Rehabilitation Center, participants felt a modern facility with state-of-the-art equipment was critical. They also want personal attention from exceptional staff that is attentive to meet individual medical, therapeutic and personal needs, and improve their condition to get them "back to their life". They also felt that the quality of the food, noise levels, a message of a caring, and a "wellness" environment are critical. For Retirement Living, participants felt that affordable living in a well-appointed facility, with beautiful grounds, close proximity to other services, an array of activities was important. They also felt that strong management, capable staff, and well-educated residents would make a difference in the quality of their life. Participants wanted to maintain their independence, but participate in facility activities (field trips, educational and physical activities). They wanted a sense of security, but in a home like setting. They wanted companionship with other residents, but wanted privacy as well.

Community Organization Input

NH Center for Public Policy Studies completed extensive studies on New Hampshire's aging population with the following conclusions:

- o Medicaid allocates 25 percent of its total medical spending to those over 65. A health-care workforce will face new challenges. In 2010, expenditures for those over the age of 85 were roughly $100 million. By 2030, aging alone could result in expenditures exceeding $350 million.
- o Residents between the ages of 25 and 39 are most likely to move out of state. As the number of births declines, and in-migration of 30-to-40-year-olds (and their children) decline, New Hampshire will age at a faster pace than the rest of the country
- o The number of individuals entering the labor force will be 15 percent smaller than the number retiring by 2020.
- o The typical caregiver for people over 85 is a woman between the ages of 25 and 44. Because the population of 85-plus is outpacing growth of 25-44, there may be a shortage of caregivers over the next 20 years.
- o Almost 40% of physicians are already in retirement age (65 and older) or are within 10 years of retiring.

Service Provider Input

According to Capital Region Health Care: Affordability of healthcare is the predominant issue in our community. Like Presidential Oaks, CRHC, has found that an updated website is pivotal to the success of community education and access to healthcare programs. CRHC also recognizes the problem of injuries due to falls and joined the Statewide Falls Risk Reduction Task Force in addition to their own Falls Prevention Initiative. They found that "in New Hampshire, about 30 elderly people will die, 2,000 will be hospitalized and 5,000 will require treatment in an emergency department because of a fall."

Local Government Input

U.S. Census Bureau

- o The population over age 65 is projected to nearly double from 2010 to 2030.
- o 20 percent of the national population will be age 65 and older by 2030
- o 30 percent of New Hampshire's population will be over age 65 by 2030
- o RSA 354-A:15 required 55-plus homes to provide "significant facilities and services specifically designed to meet the physical or social needs of older persons."
- o A boom in the construction of age-restricted homes began in the mid-1990's.
- o New Hampshire's quality of life and relative affordability is further changing its demographics by attracting seniors from Massachusetts, Connecticut, and even California.
- o Although elderly housing may motivate seniors to move to New Hampshire, many seniors spend half the year in a warmer climate, and therefore, spend half as much money as younger people.

o This is expected to have a negative impact on retail sales, thus shifting the tax burden back to homeowners.
o It is also expected that the need for Medicaid will spike.

New Hampshire – State Plan on Aging—2012-2015

o The most common concerns heard in the listening sessions related to the economy and meeting basic human needs while living on fixed incomes.
o The home and community based services infrastructure lacks the capacity to address the predicted growth in the older population that will require care in the public sector.
o Service providers are experiencing significant losses in their additional funding streams - towns, cities, counties and other sources of local funds.
o There will be severe shortages in the healthcare labor pool at a time when the population requiring long-term care services is expected to increase dramatically.
o The Money Management Program ceased operation in 2009 due to lack of funding.
o The Elder Abuse Advisory Council, established to improve the protection of New Hampshire seniors, it is not meeting on a regular basis.

The OLTCO Program identified four barriers:

o Protecting the right of residents to make their own healthcare decisions. A new power of attorney for healthcare statute was passed into law several years ago in New Hampshire. However, varying interpretations of this statute have resulted in residents and family members
receiving conflicting information related to the rights of a person who is the subject of a power of attorney for healthcare.
o LTC facility staff members were deferring to family members for health care decisions. Staff was limiting resident autonomy at the direction of family members, powers of attorney and guardians.
o A need for a method to better access the position of residents related to proposed legislative bills and an effective methodology for transmitting other information of value to nursing facility residents and receiving feedback from the residents.
o There are logistical barriers that make getting information to the nursing facility residents and receiving their timely feedback.

Summary and Findings

The population over age 65 is projected to nearly double from 2010 to 2030. By 2030, 20% of the national population will be age 65 and older, but 30% of New Hampshire's population will be over age 65. Despite the boom in the construction of age-restricted homes in the mid-1990's, New Hampshire's quality of life and relative affordability is changing its demographics by attracting seniors from Massachusetts, Connecticut, and even California. Although senior housing may motivate seniors to move to New Hampshire, many seniors spend half the year in a warmer climate, and therefore, spend half as much money as younger people. This is expected to have a negative impact on retail sales, thus shifting the tax burden back to homeowners. It is also expected that the need for Medicaid will spike.

Active Senior Living Programs - Retirement living and assisted living residents clearly want intellectual and physical activities. The intellectual activities (both cerebral and creative) foster psychosocial well-being and encourage brain health. Physical activities strengthen and tone, reduce falls, and support brain health as well. Rehabilitation following a hospitalization is critical to a speedy recovery and a lower incidence of re-hospitalizations.

Healthcare Affordability - Medicaid allocates 25 percent of its total medical spending to those over 65. In 2010, expenditures for those over the age of 85 were roughly $100 million. By 2030, aging alone could result in expenditures exceeding $350 million. Service providers are experiencing significant losses in supplemental funding streams (i.e., towns, counties and other sources of local funds). Seniors worry about the economy and how they will pay for basic human needs while living on fixed incomes. Regrettably, the Money Management Program ceased operation in 2009 due to lack of funding.

Dwindling Healthcare Workforce - There will be severe shortages in the healthcare labor pool at a time when the population requiring long-term care services is expected to increase dramatically. This shortage is not limited to nurses and nursing assistants. Almost 40% of physicians will retire within the next 10 years.

Alternative Senior Living Options - The home and community based services infrastructure lacks the capacity to address the predicted growth in the older population that will require care in the public sector. Although seniors are more familiar with various terms (i.e., assisted living, nursing home, etc.), they remain confused by the definitions of various levels of care offered by the many facilities in the Concord area.

Senior Rights - Family Members, guardians, and powers of attorney remain confused about each senior's right to make their own healthcare decisions. Healthcare providers often defer to family members for health care decisions and limiting patient autonomy at the direction of family members, powers of attorney and guardians. Residents need access to proposed legislative bills and need to be able to provide feedback. Regrettably, the Elder Abuse Advisory Council, established to improve the protection of New Hampshire seniors, does not meet on a regular basis.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue			
Written charity care policy available to the public			
Any individual can apply for charity care			
Any applicant will receive a prompt decision on eligibility and amount of charity care offered			
Notices of policy in lobbies			
Notice of policy in waiting rooms			
Notice of policy in other public areas			
Notice given to recipients who are served in their home			